State of California Department of Consumer Affairs

BOARD OF REGISTERED NURSING
P O Box 944210, Sacramento, CA 94244-2100
TDD (916) 322-1700
Telephone (916) 322-3350
www.rn.ca.gov

Ruth Ann Terry, MPH, RN
Executive Officer

CONTINUING EDUCATION PROVIDER FACT SHEET

ALL APPLICANTS MUST PROVIDE THE FOLLOWING:

- Application fee of $200 (check or money order) payable to the Board of Registered Nursing.
- Completed Application for Approval as a Continuing Education Provider, **including** the Course Information form (page 3) and Instructor Information form (page 4).
    - Be sure to provide your Federal Employer Identification Number (FEIN), if you are a business or corporation, or your Social Security Number (SSN), if you are an individual and do not have a FEIN number. Failure to include this will delay processing of your application.
    - If you are planning to offer an advanced pharmacology course to nurse practitioners and/or nurse-midwives, contact CE Program staff to be sure your course meets BRN requirements. If you have any other questions about the Continuing Education Program, please call us at (916) 323-7588.
- A sample of the advertising flyer/brochure and the certificate of completion

The time required to process a **complete** application is a minimum of four to six weeks. The application fee of $200 is an **earned fee** for evaluating your application. The fee is **NOT** refundable.

IMPORTANT

The Board of Registered Nursing requests that all BRN-approved continuing education (CE) providers permit persons whose licenses have been disciplined by the Board to attend continuing education courses because these persons may have difficulty finding approved CE courses within a geographic area or which meet certain time constraints.

It has come to the Board of Registered Nursing's attention that, at times, persons whose licenses have been disciplined (had the license to practice registered nursing surrendered, revoked, suspended, or placed on probation) have been denied the opportunity to take continuing education (CE) courses. Please note that the Board, with some exceptions, permits any person who has a license issued by the Board and whose license has subsequently been disciplined, to take CE courses.

The exceptions are when the course has a direct patient care component and the disciplined license is in a revoked status, or is currently suspended from practice, or the person is on probation and enrollment in the course must be approved by the BRN.

Persons with disciplinary action may need to present documented evidence to the Board verifying completion of CE courses in order to demonstrate current nursing knowledge. Such documentation may be needed by a petitioner for reinstatement of a registered nursing license or by a nurse on Board-imposed probation.

The certificate to be issued to persons who have a license revoked or suspended after successful course completion can contain the name of the person without the initials "RN" and without an RN license number. For registered nurses with a license on probation, the initials "RN" and the license number can appear on the certificate.

CONTINUING EDUCATION PROVIDER FACT SHEET (Cont.)

THE FOLLOWING IS PROVIDED AS AN EXAMPLE OF THE REASONS APPROVAL MAY BE DELAYED OR DENIED:

FEDERAL TAX IDENTIFICATION NUMBER

- The Federal Tax Identification Number (FEIN) is missing. If you are a corporation, health facility, school, etc., use your FEIN; if you are not a corporation and do not have a FEIN, use your Social Security Number.

COURSE INFORMATION

- The Course Information page is incomplete for the following reason(s):
  - Title of the course is not stated.
  - Objectives are not stated using behavioral terminology.
  - Overview/description of the course is incomplete.
  - Overview/description of the course is not stated.
  - Type of offering (i.e. academic, workshop, in-service, home study, etc.) is not noted.
  - Teaching methods are not indicated.
  - The number of contact hours is not stated.
  - Content is not presented in a comprehensive topical outline format.
  - Course content does not reflect post RN licensure content.

INSTRUCTOR INFORMATION

- Instructor information has not been submitted.
- Instructor information is incomplete.
- Instructor license number, expiration date, and type have not been provided.

ADVERTISEMENT

- The sample flyer/brochure has not been submitted.
- The sample advertising flyer/brochure that you submitted is not in compliance for the following reason(s):
  - Provider's name, as officially on file with the BRN, is different or missing.
  - Provider statement, *"Provider approved by the California Board of Registered Nursing, Provider # _____, for ___ Contact Hours"* should appear verbatim.
  - The refund/cancellation policy in the event of non-attendance by the licensee needs to be stated.
  - A clear, concise description of the course content and/or objective(s) has not been provided.
  - Delete the term CEUs. CEUs are given by colleges and universities only; the correct term is CE contact hours or contact hours.

CERTIFICATE OF COMPLETION

- The sample certificate of completion has not been submitted.
- The sample certificate of completion that you submitted in not in compliance for the following reason(s):
  - Provider's name, as officially on file with the BRN, is different or missing.
  - Provider statement, *"Provider approved by the California Board of Registered Nursing, Provider # _____, for ___ Contact Hours"* should appear verbatim.
  - The retention statement regarding licensee retaining the document for a period of 4 years after the course concludes is missing.
  - Delete the term CEUs. CEUs are given by colleges and universities only; the correct term is CE contact hours or contact hours.

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APPLICATION FOR APPROVAL AS A CONTINUING EDUCATION PROVIDER FEE $200

Be sure to complete the entire application, including the Course Information and Instructor Information forms. ***Please type or print all entries.***

FOR OFFICE USE ONLY
Provider No: _____
Cashier No: _____
Approval Period: _____
_____

1. Provider/Business Name:		**2. Phone No:** *Bus:* *Res:*	
3. Address:	City:	State:	ZIP Code:

4. Have you ever been a provider of continuing education for nurses in California? ☐ Yes ☐ No
If yes, Provider Name: _____
Provider No: _____

5. Provider as a/an:
☐ Association ☐ Corporation ☐ Government Agency ☐ Individual
☐ Non-Profit Corporation ☐ Partnership ☐ Organized Health Care System ☐ University, College or School

6. Contact Person:
Name: _____ Phone No: _____

7. Tax ID Number: ***Select the one that applies and enter that number*:**
☐ Social Security No. (**SSN**):
OR
☐ Federal Employer Identification No. (**FEIN**):

8. Individual Responsible for Record Keeping: _____

9. Address of Record Storage:	Phone No:

I certify under penalty of perjury under the laws of the State of California that I have read and understand the regulations in Article 5, Title 16, California Code of Regulations, and that all courses and instructors meet the requirements of those regulations.

Signature: _____ **Date:** _____

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INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Section 1798.17 *Civil Code*, requires the following information to be provided when collecting information from individuals.

Agency Name: **BOARD OF REGISTERED NURSING**	
Title of official responsible for information maintenance: **EXECUTIVE OFFICER**	
Address: **P.O. BOX 944210, SACRAMENTO, CA., 94244-2100**	Telephone Number: **(916) 322-3350**
Authority which authorizes the maintenance of the information: **SECTION 30, SECTION 2732.1(a), BUSINESS AND PROFESSIONS CODE**	
The following items of information are voluntary, all others are mandatory: **ALL INFORMATION IS MANDATORY.**	
The consequences, if any, of not providing all or any part of the requested information: FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION **BEING REJECTED AS INCOMPLETE.**	
The principal purpose(s) for which the information is to be used: **TO DETERMINE ELIGIBILITY. YOUR SOCIAL SECURITY NUMBER WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 94-455 (42 USCA 405(c)(3)(C)) AUTHORIZE COLLECTION OF YOUR SOCIAL SECURITY NUMBER. IF YOU FAIL TO DISCLOSE YOUR SOCIAL SECURITY NUMBER, YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A $100 PENALTY AGAINST YOU.**	
Any known or foreseeable interagency or intergovernmental transfer which may be made of the information: **POSSIBLE TRANSFER TO LAW ENFORCEMENT AGENCIES AND REPORTING SOCIAL SECURITY NUMBER TO THE FRANCHISE TAX BOARD OR FOR CHILD SUPPORT ENFORCEMENT PURPOSES PURSUANT TO SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE.**	
Each individual has the right to review the files on records maintained on them by the agency, unless the records are exempt from disclosure.	

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COURSE INFORMATION

(*California Code of Regulations*, Title 16, Section 1456)

Please Type or Print All Entries

PROVIDER/BUSINESS NAME: _____

1. TITLE:	**2. DATE(S) TO BE OFFERED:**
3. OBJECTIVES (Behavioral Terminology):	
4. OVERVIEW/DESCRIPTION:	
5. TYPE OF OFFERING (Academic, Workshop, In-service, Independent study, etc.):	
6. TEACHING METHODS:	
7. NUMBER OF CONTACT HOURS: *	
8. CONTENT (Outline Form):	
9. METHOD OF EVALUATION WHEN REQUIRED:	

* Independent study providers describe methodology used to determine number of contact hours.

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INSTRUCTOR INFORMATION

(*California Code of Regulations*, Title 16, Section 1457)

Please Type or Print All Entries

1. NAME:	**2a. LICENSE NUMBER:**
	2b. Date of Expiration:
	2c. Type of License:

3. EDUCATION:

College/University	Major	Degree	Area of Preparation	Year Degree Granted

4. EXPERIENCE: (Start with most recent experience)

Agency	Position	Clinical Area	From Mo/Yr	To Mo/Yr

5. TEACHING EXPERIENCE:

Title of Course	Description	Location	Month/Year

6. Have you ever had a course in Principles of Adult Education? Yes ☐ No ☐

If yes, give dates: _____

NOTE: If course has more than one instructor, please copy this form, as a separate form is necessary for each instructor.

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CONTINUING EDUCATION PROVIDER CHECKLIST

The following checklist may help you to be sure your application packet is complete. This will facilitate the timely processing of your application. Check to make sure you have:

- ☐ Typed or clearly block-printed the application.
- ☐ Completed every question on both the "Course Information" and "Instructor Information" page.
- ☐ Indicated the FEIN (if you represent a corporation, health facility, governmental agency, etc.) or SSN if you are filing your application as a private citizen in box #7 on the first page of the application.
- ☐ Included a sample of the advertising flyer/brochure and the certificate of completion.
- ☐ Signed and dated the application.
- ☐ Enclosed a check for $200 made out to the Board of Registered Nursing.

Mail to: California Board of Registered Nursing
ATTN: Continuing Education Program
P.O. Box 944210
Sacramento, CA 94244-2100